



DENALI COMMISSION

510 "L" Street, Suite 410
Anchorage AK 99501

(907) 271-1414
Fax (907) 271-1415
Toll Free (888) 480-4321
www.denali.gov

Authorization to Request Federal Tax Information All Applicants Must Complete This Form

We hereby authorize Mr. Al Ewing, Chief of Staff of the Denali Commission (Commission), to obtain information from the Internal Revenue Service (IRS) concerning our federal tax returns for the tax Forms(s) **941, 940, 720** and information return Forms **W-3, W-2, 1096, and 1099** for all tax periods from 01/01/1998 to 12/31/2002. The following information may be released by the IRS to the Commission provided the request is made to the IRS within 60 days of our signature and date of this authorization.

[check all relevant boxes below]

- ☐ Whether we are currently in compliance with federal Employment and Excise tax filing requirements.
- ☐ Whether we have failed to file Employment/Excise tax returns for which returns are currently due.
- ☐ Whether we have failed to file Information returns (Forms W-3, W-2, 1096, 1099) and Civil Penalties are due.
- ☐ Whether notices of Federal Tax Liens have been filed against us in any recording District.
- ☐ Whether we currently have a formal payment arrangement for any amounts owed to the IRS.
- ☐ The amounts of any currently outstanding balance due whether or not secured by any recorded Notice of Federal Tax Lien.

Specific use not recorded on Centralized Authorization File (CAF)

I certify I have the authority to execute this form with respect to the tax matters/periods covered.

X

Signature and Title

Name (Please Print)

Taxpayers Name

Taxpayer Employer I.D.

Taxpayers Address

Date

REPLY

- ☐ Federal Tax Arrearage: Years/Periods: _____ Amount: _____
- ☐ Notice(s) of Federal Tax Lien Recorded: District _____ State: _____
- ☐ Lien Tax Years/Periods: _____ Balance Due: _____
- ☐ Federal Tax Lien(s) may be released for payment of : \$ _____ by _____
- ☐ No recorded Notice of Federal Tax Lien against the above taxpayer(s) has been located.
- ☐ Taxpayer has not filed for the following tax periods / Information Returns _____
- ☐ Taxpayer is in compliance with federal employment and/or excise tax filing requirements.
- ☐ Taxpayer is in compliance with Federal Tax Deposit: **(yes)** _____ **(no)** _____

FOR INTERNAL REVENUE SERVICE: _____

Title: _____

Date: _____